

Hawaii State Legislature
State House of Representatives
Committee on Judiciary

State Representative Karl Rhoads, Chair
State Representative Joy A. San Buenaventura, Vice Chair
Committee on Judiciary

Tuesday, January 26, 2016, 2:00 p.m. Room 325
Senate Bill 911 HD 2 Proposed Relating to Latex

Honorable Chair Karl Rhoads, Vice Chair Joy A. San Buenaventura and
members of the House Committee on Judiciary,

My name is Russel Yamashita and I am the legislative representative for the Hawaii Dental Association and its 960 member dentists. I appreciate the opportunity to testify in opposition of Senate Bill 911 HD 2 Proposed Relating to Latex. The HDA believes that as well intentioned as this legislation is, tries to solve a problem that really does not exist for the dental and medical professions. Section 2 of this bill essentially puts in to law the procedures that most, if not all, doctors and dentists now carry out any way.

Considering the litigious nature of our society, dentists and doctors are clearly aware of the liability and risks involved in relation to the issue of latex allergies. Both professions take great pains to get from their patients their medical histories and always ask if patients are allergic to any thing like penicillin or latex. Therefore, there is no need to include Section 2. In fact, it would only serve to benefit the attorneys seeking stronger grounds or basis for their lawsuits in the rare instance where a mistake is made. Nothing pleases an attorney more when they can point to a state statute to slam dunk a liability claim.

Currently, all dentists ask their patients for their medical histories to determine if they have any allergies or sensitivity to drugs or latex. In those cases where a sensitivity to latex is indicated, the dentist and his or her staff will use the non-latex nitrile gloves while treating those patients. In such situations, the dental profession has always taken the patient's interest first and has done so for many years since becoming aware of latex sensitivity.

Additionally, latex gloves provide a much better grip of instruments compared to non-latex alternatives, including nitrile or vinyl gloves, especially when wet. Oftentimes during surgical procedures in dental offices, latex gloves provide a significant margin of safety when compare to alternatives that are currently available.

Considering the exemption the House Health Committee chose to provide for hospital operating rooms as requested by Queen's Hospital's surgeons in House Draft 1, the HDA is perplexed as to why a comparable exemption was not be provided for dentists who provide the same level of work in a dental office operator. If the legislature is to substitute it's judgement as to the proper professional judgement of a dentist, then it should provide an exemption from liability for any harm bestowed on the public by this legislative mandate for doctors and dentists whose professional judgement you are now substituting for your own.

Therefore, the HDA believes that the ban of the use of latex gloves is not warranted at this time and this legislation be held by this committee.

January 25, 2016

To: COMMITTEE ON JUDICIARY

Rep. Karl Rhoads, Chair

Rep. Joy A. San Buenaventura, Vice Chair

Support for SB 911 Related to Latex with concerns for the proposed SB911 HD2

Aloha Chair, Vice Chair, and Committee members. My name is Amber Starr and I am from Maui. I became aware of the severity of latex allergies about 8 years ago and from that time I have kept that in my awareness and realized how common the use of latex is, how difficult it must be for those that experience reactions, and how it can actually be life threatening.

Latex gloves have pervaded the food service and health care industries, so it is a good thing that the Legislature is addressing this issue. It is also good that there are many more high quality latex-free glove options than ever before. This makes for ideal conditions to transition to options that are not potentially harmful to many of our health care workers, community members, and island visitors.

The considerations being given to this issue, with this Bill, are a step in the right direction. The proposed changes to the bill, however, create a difficult situation in which the potential for exposure is ever-present and possible in situations such as medical emergencies, when time is of the essence and decisions are made in urgency. There is not just a need to limit exposure to latex from gloves, there is a need to limit the *potential* for exposure. Especially in critical health situations.

Given that there are viable alternatives to latex, it makes sense at this time to remove the possibility of latex gloves being used. It makes sense to eliminate the burden of deciding which glove to use, with whom, when. And, it would better serve all members of our island communities to know that they will not be inadvertently exposed to residual latex remaining on surfaces and in the air.

Please consider making the necessary changes to this Bill to allow for consistency throughout sectors and to take further steps to avoid unnecessary hardship and suffering from unwanted latex exposure.

Thank you for this opportunity to submit testimony and for your service to our State.

Mahalo,

Amber Starr

Testimony Provided in 2015 on HI SB911.

Testimony Provided Last year COMMITTEE ON WAYS AND MEANS
Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair SB911,SD1 March 3, 2015

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My name is Mary Catherine Gennaro, DO. I am a board Certified family physician from Plymouth, NH. Thank you for allowing me this opportunity to comment on HI SB 911 S.D.1 Relating to Latex. I believe there is sufficient scientific data to support the prohibition of latex gloves and products from all aspects of medicine, dental, Emergency Medical Systems as well as food service.

If approved this measure would reduce the costs of days lost from work, workman's compensation and disability payments and legal costs^{1,2,3} as well as medical costs both obvious (medications, ambulance rides, ER visits and hidden costs for premedication for procedures or travel to other areas for latex safe treatments). An EpiPen costs \$300/use, the individual must immediately take a liquid or dissolvable antihistamine then go to the ER via ambulance –the EpiPen only buys you 20 minutes if it works and the individual must be monitored 8-12 hours while getting IV medication and IV access to your blood stream in case you go into shock. If you go into shock then you must be on a ventilator. There is also the hidden cost of having to be pre-medicated for all procedures. My routine procedures are often \$500-\$1000 more than cost should be, as I have to check into the ER to get IV steroids and antihistamines over the course of 2 hours. It is time to take an honest look at the consequences of using latex in our environment.

In article from 1998 cited by the glove manufacturer Kimberly Clark it was estimated that the cost of treatment for one anaphylactic episode is between \$5000 and \$25000. If treatment in the emergency room is necessary the estimate goes up to \$218,000 per employee/event. The article cited was Steelman, V "Is It Really Necessary to Go Powder Free?" *Infection Control Today* 2, no 4 (May 1998): 29-30^{27,28}.

I have had to become an expert in latex allergy. I am not an expert because I research and interview people in controlled environments that I can manipulate. I am an expert because over the past 20 years I have read the literature, presented on this topic, treated patients with this allergy, kept my latex allergic son safe and I personally live with this allergy every single day of my life. My life and the life of my child and many others depend on me being an expert.

It is from this perspective that I wish to provide testimony in favor of SB 911 S.D.1..

Why is latex allergy so important?

Latex allergy is a worldwide health issue. In the United States alone it is estimated that 1:17 people have this allergy⁵. Another study by Neugut states between 2.7 and 16 million Americans "may suffer from some type of allergic reaction to latex⁴. Johns Hopkins-the birthplace of the latex glove banned it in 2008. They took the safety of their employees and their patients very seriously. ⁶

According to a study done in Spain people with latex allergy are the 4th largest group of allergy sufferers.⁷ This same study has also found the presence of carcinogenic material in latex gloves.⁸

Seventeen percent of healthcare workers and now food service employees ⁹, higher for dental workers, and approximately sixty-eight percent of children with Spina Bifida are affected. Recent studies indicate approximately 11% of our elderly population are allergic.¹⁰ Also at risk is anyone with multiple surgeries due to exposure of latex through mucous membranes as well as anyone who uses latex gloves or other latex containing supplies routinely.¹¹ Anyone who works in the rubber industry is obviously at risk. The Cleveland Clinic sites the number of latex allergic Rubber Industry Employees as 5- 10%.¹²

There is only one way to develop this allergy and that is exposure to latex. There is no treatment.

Why is latex such a potent allergen?

Traditionally latex has been thought of as a glove, a ball, or a thing, not an organic substance. This is incorrect. Natural rubber latex is a plant-based protein that runs as sap from the *Hevea Brasiliensis* tree. It is similar to sap that runs through maple trees. It is as much a product of a plant, like a peanut, and can be as dangerous. However, unlike peanut or other plants, natural rubber latex is found in over 40,000 common products. Products like IV tubing, stoppers on medicine bottles, mattresses, blood pressure cuff and its tubing, syringes, dental products, packaging and food that has been cross contaminated by the latex glove or packaging.

Donald H. Beezhold, et.al. performed an experiment that showed the protein from the latex glove transferred (contaminated/altered) to the food 100% of the time regardless of manufacturer. There was no transfer of protein from the vinyl.¹³

The latex protein leaches onto food every time someone wearing latex gloves or latex utensils touches the food. It also leaches into medication.¹⁴ There have been, to my knowledge, no advances in the technology that prevent this. Also, no one knows how low a dose of latex is needed to incite anaphylaxis in a latex allergic person.¹⁵

The expensive advances in technology and higher cost, low protein gloves are just as dangerous to those of us already allergic as any latex glove and although the rate that workers are developing the allergy may be lower, I am unaware of any hard data supporting that and I have discussed this with Dr. Robert Brown, Head of the Latex Task Force at Johns Hopkins Hospital, it is not 0%.

This health problem is 100% preventable if we don't use latex at all. Latex allergy is not curable. It is time to look at latex and its use honestly and ask, "Why is latex still in use?"

How does this allergy manifest?

The allergy manifests in many ways from rash to full-blown anaphylactic shock, which can lead to death. My own allergy started as a rash on my hands and progressed over two (1990-1992) years to internal and external swelling (angioedema) with severe abdominal pain, severe diarrhea, racing heart, flushing and shortness of breath. This has happened to me at work as a physician as well as after consuming food in a restaurants that used latex gloves.

Every time I accidentally ingest or breath latex through latex contaminated food or airborne particles from gloves or balloons (these were un-powdered balloons) I develop anaphylactic symptoms. This has been a progressive disease for me as it is for many.

This allergy is insidious. It comes on slowly and initially we often have no idea what is causing our problem. There is no cure only avoidance.

Is there documentation of reactions by people eating food contaminated with latex gloves?

Yes there are documented cases of allergic reactions to latex that had contaminated food proven through studies.^{13,16}

The American College of Allergy, Asthma and Immunology has a question on their website asking if you can have a reaction to food prepared by someone wearing latex gloves. The answer is “yes, a person allergic to latex could definitely have an allergic reaction to food handled with latex gloves.”¹⁷

What are the current recommendations for glove use?

According to the National Institute for Occupational Safety and Health (NIOSH), the current recommendation is that non-latex gloves be used “for activities that are not likely to involve contact with infectious materials (food preparation, routine housekeeping, maintenance etc.)”¹⁸ Every article I read that addressed this issue regardless of country of origin said the same thing: Do not use latex gloves in food handling or when there is no risk of infection.

Universal Precautions were developed to handle hospital level infections. Universal Precautions speaks to dealing with bodily fluids and handling infectious material. It also states that gloves cannot be washed and reused and that you must wash your hands after each glove use to prevent contamination from anything that did get on your hands. And you must change your gloves after every procedure or contact.¹⁹

If there is a serious threat of infection, for example the Ebola virus, then double glove with nitrile gloves with cuffs is the only recommended glove, not latex.¹⁹

I have heard reports of chefs and food service employees stating that latex is the best way to prevent contamination with salmonella. Clearly they do not understand how gloves are to be used.

Gloves are used to protect the food from cross contamination, but this only works if the gloves are changed after each use and if the employee washes his/her hands every time they change the gloves. That is what we do in medicine. They still must maintain a clean station and they must wash their hands. Latex has been shown to fail²⁰ and in the less expensive, unregulated, latex gloves the restaurant industry uses, only provide a false sense of security. If the medical, dental and food industries truly want to use a glove for protection against even the deadliest disease then they should use nitrile gloves.²¹

Do latex gloves meet the definition of a “safe material”?

No. The FDA Food Code defines a “safe material” as:

an article manufactured from or composed of materials that may not reasonably be expected to result, directly or indirectly, in their becoming a component or otherwise affecting the characteristics of any FOOD.²²

Latex gloves and utensils do not meet this FDA safety standard. Latex is known to contaminate food and any surface it touches 100% of the time. It stays on the surface for 24 hours regardless of washing. It becomes a part of that food and it alters it. Touching food or medication with latex is similar to spreading a thin film of peanut butter on the cheese sandwich of a peanut allergic patron. The difference is you can see and smell the peanut butter. You can taste it.

Latex film is invisible, odorless and tasteless on food. It can be airborne (land on the food) from taking gloves on and off or balloons in the area. It is invisible but it is there, unknown to us and it can be deadly. I am not allergic to cheese. I am allergic to latex. If you hand me a cheese sandwich handled with latex gloves I will begin to have a severe reaction in about 20 minutes. This has happened to me with both food and medication multiple times. This alters the cheese sandwich or medication from a safe product to a deadly poison for me, and at least 3 million people like me.

Does the FDA know they are not safe?

Yes. Since 1997 the CDC states there is only one way to prevent latex allergy and that is to avoid latex. The CDC/NIOSH recommend against using latex gloves and products when coming into contact with food or medications or latex allergic people.

In 2008 Johns Hopkins Hospital banned the use of latex gloves ⁶ and many hospitals, including my local hospital, Spear Memorial Hospital, did so as well.

My husband performs microsurgery with non-latex gloves without risk of infection or contamination from the gloves and with excellent sense of touch. I started IV's, drew blood and took care of patients with HIV using vinyl gloves.

If we do not need latex gloves in our medical community why does a chef feel he/she needs them in their kitchen? When we banned them from our hospitals the FDA and the CDC were well aware that we did so. If this were a violation of Universal Precautions they would have sanctioned all of us by now. If this were going to cause a problem with infection we would know by now. Not using latex has only improved healthcare.

The 2013 Food Code has added the following:

Natural rubber latex gloves have been reported to cause allergic reactions in some individuals who wear latex gloves during food preparation, and even in individuals eating food prepared by food employees wearing latex gloves (refer to Annex 2, 3-304.15).²³

Clearly they are aware there is a problem with latex.

Is there an alternative to Latex?

Yes. Nitrile is actually the glove of choice if you are worried about serious infection like Ebola,¹⁹ but there are vinyl gloves, plastic gloves, etc. There are multiple choices and every manufacturer who produces latex gloves makes the alternatives as well.

Is It Cost Effective To Convert/Use Non-latex Gloves and Equipment?

Yes. A cost analysis was done in Georgia by Phillips et.al. It demonstrated the cost of converting to a latex-safe environment was mitigated if only 1 person developed the disability from the allergy²⁶. This did not take in the cost of litigation, workers comp, or time lost from work. It only dealt with disability. This study was done several years ago when many of the costs to treat patients were much lower than they are now. We now have better synthetic gloves that are equally protective and cost the same or less than the latex gloves.

Since it is impossible to know which patient may be allergic to latex – the patient may not know himself or herself the first time—the cost savings in treating anaphylactic shock and litigation from harming the patient by using the latex was also not calculated. It is estimated that the cost of treating one patient with anaphylactic shock is as previously stated at least \$5-\$25,000 and up to \$218,000^{27,28}. And that was 10 years ago.

CONCLUSION:

The CDC states the only way to prevent is avoidance. The only way to treat this allergy is avoidance. CDC/NIOSH states that only people handling infectious diseases should be using latex gloves. They recommend that food service workers should **not** be using latex gloves.²⁴

Multiple exposures to this allergen increase the risk of developing this allergy as well as the life-threatening reactions. Eating latex every time we eat at a restaurant or having it injected into us when we receive medication puts all people at risk to develop the allergy and have an allergic reaction. This could explain why some adults and children, like my son, are developing the allergy in spite of no known risk factors.

The cost savings to employers, consumers, patients as well as the government and legal system would be worth the short-term inconvenience of transitioning to a latex safe environment.

This allergy is 100% preventable. Rhode Island, Arizona and Oregon have banned latex from food service. Johns Hopkins banned it from their hospital. We are not asking you to build anything onto your building or increase your out of pocket expenses to cover us under the American with Disabilities Act. We are asking that you allow us our rights under the ADA and use less expensive credible alternatives to latex that do not alter food, medication and our environment (airborne).

We are asking you to prevent the continued development of latex allergy. Latex allergy is 100% preventable but it has a 0% cure rate. There is nothing that can be done for us other than avoidance. Again I ask why are we still using latex products?

I would like to end by quoting a paragraph from the article “A System in Need of Repair- Medical Device Regulation: the Example of Latex Medical Gloves”:

Since the American Public has exposures via medical and dental care, as well as in food service, this issue should be the focus of public health, occupational health, and patient safety, but in the United States, it is more of a silent epidemic, seemingly un-newsworthy. Unfortunately, the needless exposure causing the sensitization to latex still occurs, albeit on a reduced scale, and to this day, latex allergy remains an ongoing issue being battled in the courts, the legislature and within government agencies. Americans, consumers, health care workers and patients should not have to make a sacrifice between the safety of and the protection from medical devices.²⁵

I sincerely hope that you look favorably on SB 911 and protect all of us, those who already have the allergy and those of us who will develop it through exposure; there are many proven, less expensive alternatives that do not alter our food, environment or medication. There is no reason to use latex gloves.

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Citations:

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Committee on Judiciary

Rep. Karl Rhoads, Chair

Rep Joy A. San Buenaventura, Vice Chair

My name is Mary Catherine Gennaro, DO. I am a Board Certified Family Physician from Plymouth, NH. Thank you for allowing me to submit testimony in support of SB 911 HD2 HD1. I do have concerns about one section of proposed bill SB911 HD2.

Addendum to written testimony in support of HB911 SD2 HD1

My area of concern is the following passage:

Dental health facilities; health care facilities; use of latex gloves. All personnel working in dental health facilities or health care facilities, including all facilities listed in section 321-11 (10), shall be prohibited from using latex gloves for patient care where the patient is unconscious or otherwise physically unable to communicate. Where the patient is conscious and physically able to communicate, latex gloves may be used if the patient affirmatively states that the patient is not allergic to latex.

Latex is an airborne environmental allergen. It not only does transfer via touch but also through the air just like the peanut allergen does. Even non-powdered latex gloves have airborne allergen. If you allow the use of latex gloves routinely in your EMS, patient examination rooms, Emergency rooms, Operating rooms you will not have a latex safe environment. Healthcare workers will continue to develop the allergy and you risk the health of an unsuspecting patient who is coming to the hospital or EMS for care, regardless of reason for encounter.

Multiple studies have proven that the latex proteins/allergens are airborne. If you use latex gloves in your facility, even the low protein ones there are still airborne latex particles. These constantly sensitize your employees and risk the health of your conscious and unconscious patients as well as those of us with asthma that is related to latex allergy. If I go to the ER and they use latex gloves - even low protein- I will start to develop asthma symptoms as well as swelling of lips, eyes and runny nose which will progress to dizziness if I don't get out quickly). (This recently has happened to me at a food store where the bagger was using latex gloves) According to Dr. Brown in an article for John's Hopkins University

he states" "...Snapping on a latex glove has been show to disperse enough powder to incite a reaction"¹

Dr. Brown also states in a 2004 article: "In addition it is important to emphasize that even non powdered latex gloves release latex allergen in to the air."² He also states in the article that the data suggests that elimination of all latex gloves will have the greatest effect on reducing latex allergen, that everyone will breath, in a heath care setting and thereby "promoting a latex-safe environment."

If you are treating a patient in an environment where there is the potential for airborne latex you risk their health as well as the health of the employees in the area not just the employees wearing the gloves. You also must think of family members or friends who may be attending the patient. One of them could be allergic. Then you have an even bigger problem.

Breathing in latex can cause anything form asthma to severe reactions anaphylaxis and even death. Please reconsider the use of latex gloves for EMS, Emergency Rooms and routine examination rooms as well as at least one surgical suite.

Non-latex gloves for examination purposes are not expensive. I personally found them less expensive that the same quality latex glove. A study done several years ago, before the cost of quality non-latex gloves came on the market, showed that one patient or one employee with workman's compensation issue in a year would cover the cost of the transition.³

I urge you to reconsider the change. You are not creating a "latex-safe" environment if you allow the use of Natural Rubber Latex gloves.

Thank you for your consideration.

Mary Catherine Gennaro, DO (mandy.gen@gmail.com)

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¹ "How to become a LATEX_SAFE Facility". Outpatient Surgery Magazine, September 2007 David Bernard Editor.

² Brown, Robert H. MD, MPH, Kanika Tawnkhum, MHS, Timothy J. Buckley, PhD. And Rbert G. Hamilton, PhD. "Differnty latex aeroallergen size distributions between posdered surgical and examination gloves: Significance for environmental avoidance". Journal of Allergy and Clinical Immunology, August, 2004, p.362

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Committee on Judiciary

Rep. Karl Rhoads, Chair

Rep Joy A. San Buenaventura, Vice Chair

Tuesday, January 26, 2016

I am in Support of SB 911 SD2 HD 1 Related to latex and have concerns about the proposed SB 911 HD2 proposed amendments.

These are the current latex allergy statistics from the American Latex Allergy Association:

- 18-73% of people with Spina Bifida
- **33.8% of dental care workers** Gholizadeh, N., H. Khoeini Poorfar, M. Mehdipour, M. Johari, Y. Rashidi, and H. Jabbari Khamnei. "Prevalence of Allergy to Latex Gloves among Dental Practitioners and Its Association with Other Materials." *Avicenna Journal of Dental Research* 3.1 (2011): n. pag. Web.
- 34% of children who have three or more surgical procedures
- **10-17% of Health care workers**
- 11% of rubber industry workers
- 6.8 % of atopic (allergies) individuals
- **8.3% of the general population**
- Also recently it was noted that **11% of the elderly** also have a latex allergy
<http://www.immunityageing.com/content/11/1/7>

You may ask why a latex glove ban is needed, as there is no ban for peanuts or shell fish?

Peanuts and Shell fish are visual items that you have a choice to eat or not to eat. The Food Allergen Labeling and Consumer Protection Act of 2004 requires labeling of the 8 major foods or food groups—milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat and soybeans whether these items are in the ingredients of the food product or may have been contaminated with them in the making of the food item. Restaurants have signs on their doors or listed on their menus of the allergens that may have come in contact with the food. I've even seen signs on restaurant doors stating peanut oil is used in the facility.

We do not have those warnings with latex gloves. Using latex gloves in the work place is exposing employees to latex and putting them at risk of developing a latex allergy because of the increased or constant exposure, increasing Workmen comp issues. We are going to have a whole new generation with latex allergies when it can be prevented by removing

the initial exposure to latex.

The Glove is the first thing that comes in contact with a patient. In an accident the first responders come out of their vehicle with gloves already on even before asking the victim if they have a latex allergy. Maui Ambulance Service uses latex and latex free gloves. When I talked to the Ambulance service management staff here I was told make sure my daughter has her medic alert bracelet on, and I quote "We treat all allergy patients the same". I disagree, an ambulance is not filled with Shellfish and Peanuts as it may be filled with latex gloves. Nor do they listen to the patients lung sounds and heart rate with shellfish or peanuts in their hands, or in their pockets.

In dental facilities many new offices have an open exam room going from one patient to the other. Just changing gloves from latex to latex free is not enough the latex residue is on the clothes of the dentist and staff also in the air throughout the office. I've heard story after story from Dental Hygienist about having to change careers because of developing a latex allergy starting with a rash from the gloves and progressing over time to more severe reactions.

My daughter has a latex allergy she was diagnosed at 2 years old when the Dentist gloved hand-print was left on her face in the form of hives. Her allergy progressed at the age of 12 from repeated exposure at the orthodontist office. Initially she was seen in a separate exam room, until she received her braces. Then she was treated in the open exam/treatment room, where the orthodontist went from one patient to the other. The latex residue remains on surfaces that has been touched with latex for 24 hours. The orthodontist clothes were tainted with latex toxin. Each visit my daughters reactions progressed leading to anaphylactic episode and an ER visit treated with prednisone and requiring 3 days of Benadryl around the clock. She now has an airborne allergy to latex and carries epinephrine auto injector at all times.

Latex allergy awareness and education has to be initiated, as many patients do not mention they have a latex allergy. My mom is a perfect example, she gets a rash from the adhesive of bandages, yet she never mentions that to her doctor or the nurse.

This article from Outpatient surgery titled "How Managers are guarding against the latex threat", explains how nursing managers have to ask about a patients food allergies to connect the dots, if someone is allergic to avocados, or shellfish, they have a higher risk of having a latex allergy and latex precautions should be taken.

<http://www.outpatientsurgery.net/surgical-facility-administration/personal-safety/how-managers-are-guarding-against-the-latex-threat--08-02>

My concern with the proposed amended language for SB911 HD 2

"Dental health facilities; health care facilities; use of latex gloves. All personnel working in dental health facilities or health care facilities, including all facilities listed in section 321-11 (10), shall be prohibited

from using latex gloves for patient care where the patient is unconscious or otherwise physically unable to communicate. Where the patient is conscious and physically able to communicate, latex gloves may be used if the patient affirmatively states that the patient is not allergic to latex."

puts employees at a risk of developing a latex allergy by being exposed to latex gloves. And the fact that having latex and latex free gloves in the same facility or exam room still puts the latex sensitive/allergic patient at a risk of an latex allergy reaction.

I understand that hospitals have strict latex safe protocols in place, providing a latex safe operating room suite for latex allergy patients. Maui Memorial Medical Center is a latex safe facility. I've been made aware that they maintain this by keeping any latex medical supplies in a specified latex cabinet completely separate away from the latex free supplies, so no cross contaminate can occur.

Queens Hospital Representative presented an amendment at the House Health Committee hearing on 3-18-2015. Stating... " provided that procedures performed in hospital operating rooms that adhere to hospital policies and procedures that set standards for latex-safe environments be excluded."

I humbly ask the House Judiciary Committee to consider this and pass SB 911 forward with consideration to exceptions for the use of latex gloves in Operating room procedures with strict latex allergy protocols are in place.

Thank you for this opportunity to share my thoughts and concerns,

Anne Marie Jacintho
880 Naalae Road
Kula, HI 96790

COMMITTEE ON JUDICIARY
Rep. Karl Rhoads, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Tuesday , January 26, 2016

I am in Support of SB 911 Related to Latex, prohibiting the use of latex gloves with concerns for the proposed SB911 HD2 proposed amendments.

My name is Katie Marie Jacintho I am a Junior at Maui High School and was diagnosed with a latex allergy when I was 2 years old after the imprint of my dentist's gloved hands was left on my face in the form of hives. My allergy progressed to anaphylactic after being repeatedly exposed to latex from the orthodontist's open exam/treatment room.

People who know me, know that I rarely talk about my severe latex allergy. It's not the "ELEPHANT IN THE ROOM", it's a FACT of my life that is pretty normal to me by now. Well, I'm breaking my silence.

The original bill was A BAN ON LATEX GLOVES in all MEDICAL, DENTAL, FOOD ENTITIES, AMBULANCE, and EMERGENCY RESPONSE.

There are literally THOUSANDS UPON THOUSANDS of latex products in all those industries and that doesn't include CROSS-ALLERGENS. It's not a ban on all of that, just gloves. It's keeping people SAFER who already have the allergy, but it's also taking a step to PREVENTING other people from getting the allergy. Remember: if you work with latex products YOU ARE AT RISK! High exposure to latex can CAUSE YOU TO DEVELOP THE ALLERGY YOURSELF!

The amendment states that latex gloves are to be USED in DENTAL, EMERGENCY RESPONSE, AMBULANCE, AND HEALTH. LATEX FREE is to be used PRIMARILY for those who STATE they have a latex allergy, and for those who are UNRESPONSIVE or UNABLE TO COMMUNICATE. That doesn't seem so bad right?

WRONG.

Let's look at WHY for a second. BECAUSE latex LEAVES A RESIDUE on ANY SURFACE THAT IT TOUCHES for UP TO 24 HOURS. I SPEAK FROM EXPERIENCE here: if a person in a medical or dental profession PUTS ON LATEX GLOVES TO WORK ON ANOTHER PATIENT, it DOESN'T MATTER HOW MANY TIMES THEY WASH THEIR HANDS. Wherever and whatever that person TOUCHED is now a surface that can CAUSE A REACTION. But that's not all. Latex is AIRBORNE! You can BREATHE IT just from ONE GLOVE being in the same room. Don't believe me?

Try it with someone who has a PEANUT ALLERGY for example. If a peanut is IN THE ROOM, if you ATE PEANUT BUTTER and you are IN THE ROOM, you'd better hope that they've got their EPINEPHRINE AND/OR their INHALOR if they have a severe allergy or you will cause them SERIOUS HARM.

FORTUNATELY not EVERYONE who is allergic to latex has it THAT BAD, but that's beside the point. I'll tell you why: a latex allergy, and for that matter LOTS OF ALLERGIES, GET WORSE WITH EXPOSURE. That means EVERY TIME you step into that office with the latex products, that's ONE STEP CLOSER to making your allergy 10 TIMES WORSE.

Thank you for this opportunity to share my testimony and concerns.

Katie Marie Jacintho

880 Naalae Rd. Kula, HI 96790

Michelle Bellefontaine Navarrete
19395 Okeechobee Lane
Lake Elsinore, Ca 92530
January 24, 2016

COMMITTEE ON JUDICIARY

Rep. Karl Rhoads, Chair

Rep. Joy A. San Buenaventura, Vice Chair

Dear Chairman Rhoads and Vice Chair San Buenaventura;

I am writing in Support of SB 911 Related to Latex prohibiting the use of latex gloves with concerns for the proposed SB911 HD2 proposed amendments.

My name is Michelle Bellefontaine Navarrete and I have a Natural Rubber Latex Allergy or NRLA. I have type 1 latex allergy, this means when I react I can have anywhere from a mild reaction, itching (I do not get hives, but itch internally), to a major reaction, anaphylaxis. This is a horrible way to live as it affects my health, decisions and choices every day.

I initially started to react and react progressively worse, while working in a retail bakery using latex gloves and eating the finished product. I had contact dermatitis, constant fuzzy head (like a head cold or flu), anxiety, bronchial and gastro-intestinal issues and then anaphylaxis. It is unsafe for food care workers to be using these gloves, that I can tell you for certain. This allergy is one of which there is no cure and no treatment other than avoidance. You cannot get allergy shots to desensitize, and with each exposure it gets worse.

As is common, I have become cross reactive to many foods, bananas, avocados, kiwi and others, and the list continues to grow. And due to the prevalence of latex in products used and sold in stores, I wear a mask to grocery shop and go into other stores. If I go near a playground that uses shredded tires or rubber matting in the play area I react. I have cleansed my house of latex/rubber products, such as bath mats, kitchen utensils, a couch that had latex foam, and more.

I travel over 40 miles, to use a doctor that is part of my insurance companies' plan, who has a latex safe office. In my area there are no Doctors, in my plan, that do not use latex gloves in their office. Even when the latex gloves are removed from the exam room prior, the latex particles are residual and stay on the counters, chairs and examination table, the patient is still at risk. One important thing to understand regarding the airborne issue is that if it is on your skin, it is in your body. I also have to research which flu shots or other injections do not use rubber or latex stoppers in their injection containers, needle caps or production. Birthday parties and public community events are normally off my able to do list. I truly would hate to see anyone else develop this allergy.

Normally when I go out to eat, I call first to ask about the gloves used, upon arrival, I first make sure there are no latex balloons inside, then again I have to ask what type of gloves they use. I still recheck when I arrive, as most people think a glove is a glove and they make assumptions. Most of the time, I can get someone to bring me the box to verify. However, I have been told a few times that there is no way they can guaranty that the food has not been handled with latex gloves before it arrives at the restaurant, such as by the farm workers or plant workers who

have contact with the food. If you have a latex allergy, and eat at a restaurant and get gastric symptoms, you may just think that food didn't agree with you or even think about food poisoning, but it is probably from the latex gloves used in preparing the food. Once, when I was less reactive, while visiting with my family, I forgot to ask a restaurant about latex gloves, as we were eating a fried appetizer, I started to get foggy, anxious, my throat began to swell and I did end up in the ER. As I started to react I asked our waitress and she checked and confirmed the use of latex gloves in prepping the food.

On one of my last visits trips to my home State, I bought a couple of boxes of salt water taffy to bring home and share with my children. I ate a piece and immediately went into anaphylaxis, my throat and lungs closed up, and I had to use my epi pen and go to the emergency room. When I contacted the company later to ask about possible latex use, I was informed that they do use latex gloves on the production line.

Research has shown that the latex proteins that cause allergic reactions can be transferred from natural rubber latex gloves to food. I use the analogy, that when you touch raw chicken, then touch vegetables, then the counter, and the refrigerator door, all are contaminated with the chicken. Latex particles are transferred in the same way. Latex is also an airborne allergen and, like dust, its residue floats in the air and remains on surfaces. Those of us who are Latex-allergic must be extremely vigilant about contact and airborne exposure to latex. It would be extremely amazing for me, or any other latex allergic person to feel safe while eating out. Passing this legislation will protect Hawaiian residents and the millions of tourists who visit each year. This bill will also protect food service employees from occupational health risk.

According to the American Latex Allergy Association, 8-17% of healthcare workers and 68% of children with spina bifida and people undergoing multiple surgeries are suffering from a Latex allergy. And according to Robert Brown, MD, Head of the Latex Allergy Task Force at Johns Hopkins University, approximately 6% of the general population have a latex allergy in some form. This is why Johns Hopkins banned the use of NRL gloves in 2008. It has been estimated 10% to 13% of food service workers are allergic to latex. Latex allergy is preventable ... But never curable!

Latex Allergy is covered by the ADA, and according to the CDC, "Workers often are unaware of the risk of latex exposure." I am hoping to inspire change, to inform, to help to create change, and most importantly to prevent anyone else from acquiring this allergy and having to live their lives the way I need to live mine.

Thank you for taking the time to hear my testimony. Please support SB 911.

Sincerely,

Michelle Bellefontaine Navarrete

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 24, 2016 7:40 AM
To: JUDtestimony
Cc: bobbiepatnode@fastmail.fm
Subject: Submitted testimony for SB911 on Jan 26, 2016 14:00PM

SB911

Submitted on: 1/24/2016

Testimony for JUD on Jan 26, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Bobbie Patnode	Individual	Support	No

Comments: SB 911 must be amended to require latex-free gloves in all situations. Latex leaves a residue that persists for 24 hours. Anyone who has a latex allergy who comes in contact with a health facility where latex gloves have been used can become severely ill. Please make this correction.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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JUDtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 25, 2016 6:58 AM
To: JUDtestimony
Cc: delaneylemasterdwyer@gmail.com
Subject: Submitted testimony for SB911 on Jan 26, 2016 14:00PM
Attachments: Latex Allergy testimony Hawaii.pages.zip

SB911

Submitted on: 1/25/2016

Testimony for JUD on Jan 26, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Delaney LeMaster-Dwyer	Individual	Comments Only	No

Comments: I support the bill so long as it bans the use of latex gloves in both the food and medical industries. I have heard there may be an amendment being added to allow the use of latex gloves in medical practices as long as the patient is not allergic to latex, and I do not support that amendment. It is dumb. Really, honestly, and severely dumb. Thank you.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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TESTIMONY TO SUPPORT LATEX BILL WITHOUT RECENT AMENDMENT, January 2016

Percentages of Americans with latex allergies vary from 1% to 6% to as high as 12%. What we know is that latex allergy is *under-reported*, yet it is the *first* thing asked by the medical profession when patients are asked if they have allergies. The other thing we know is that latex is *invisible*. It is airborne, and wherever it falls, it remains there for 24 hours. Americans *eat latex* everyday. Most Americans *wear latex* everyday. Repetitive exposures lead to the development of the allergy. As high as 17% of health workers and food service workers, and as high as 30% of dental care workers develop the allergy after working daily with latex gloves, taking them on and off with each patient and procedure, or food preparation activity. This leads to Worker's Compensation issues. It's costly. It is costly in terms of human life, quality of life, and in terms of real dollars and cents. Every American is currently at risk for developing this allergy. And, as we learn more about the allergy, it is more of an acquired illness that brings with it a certain death sentence as Americans find that they cannot escape repeated exposures of latex – even when they perform the activities that are expected to keep them safe, i.e., dressing in latex-safe clothing, eating latex-safe food, being treated by medical care workers without latex in the treatment process or in the environment (as latex is airborne, and any latex in the environment will expose people to latex, whether intended or not).

What happens when you get the allergy? I watched what happens with my daughter. As a young child in dance classes, she would develop rashes where the elastic tops of her costumes touched her skin. By the time she was a teenager, she told me that she thought a bunch of balloons in her room (celebrating her birthday) were affecting her breathing. I said: "Balloons can't hurt anyone! But, if you think so, then I will move them to the living room." I am sure I muttered to myself about how ridiculous that was; and, when she came out of her bedroom saying she felt better, I told her to walk by those balloons I had put behind a chair in the living room and tell me if they affected her. (The gull! And, I was her mother....) She walked by and said, sure enough, they were affecting her breathing. With that, I popped them all (in the house) and threw them away. (I had *no idea that I had just released all of that latex in the house, and it would stay there affecting my daughter's health for 24 hours, and expose everyone else to it's effects!*)

In high school, my daughter went to a singing competition, and broke one of my rules. She *borrowed makeup* from another young woman, and with that lipstick came a delayed reaction of swollen lips. When I took her to the doctor for it, the doctor said how beautiful she looked, and how women in Beverly Hills would pay a

lot of money to look like that. (Seriously?! Yes, this is what I mean. No one takes this latex allergy seriously.)

Later on, my daughter nearly passed out when the fog machine was used for one of her dance performances in high school. It was most likely administered through a latex hose or latex of some sort. Nonetheless, she was forced to dance in the fog produced by that machine because few people take latex allergies seriously.

By my daughter's senior year, her reaction to latex balloons, rubber bands, and other seemingly innocuous things was to have the right side of her face puff up and paralyze for days (and her "Beverly Hills lips" swelled as well). My high school daughter called me once from a classroom screaming that the seniors were going to throw water balloons as a prank during passing period. That would put her into anaphylactic shock. Luckily, the principal worked with me, and announced that this kind of prank could seriously harm one of their own, and the seniors did not throw the balloons. Then, the next big threat to her was at an assembly where the dance team performed, and at the end of their dance her co-dancer looked up at the ceiling and screamed for Jillian to RUN!!!! The ceiling was covered in balloons ready to drop down on the kids at the end of their dance. Some of the girls ran with her to help her get out of the auditorium before they dropped. The balloons could have killed her. The next big threat was at the senior all-night party that is thrown by parents, held at the high school. They had a latex slide (giant) as the *only way into the event*. Jillian could not go down that slide – and they found another way in for her, and removed the slide. (It would have stopped her breathing had it remained.)

Every administrator at the school was aware of her severe allergy, but still these things happened. Most people don't equate balloons or rubber slides with death. Even as her mother, I didn't at first either; however, I do now.

Most tragically, when my daughter went in for a simple outpatient surgery to fix a broken nose (seriously – no Beverly Hills nose job here, it was a broken nose going back to its original shape!), the hospital changed her life, and ours – forever. She received a latex IV, latex syringe stoppers, and medicine drawn out of vials with latex stoppers/lids – even though the medical staff were all aware that my daughter was allergic to latex. She had her latex allergy alert bracelet on, and the hospital version of the latex allergy alert bracelet, and I and father repeatedly asked whether they were giving her anything that had latex in it – which they adamantly denied. But, what happened to her by being pumped full of latex into her bloodstream 24-7 was that she was rendered a QUADRIPLÉGIC!!!! When I pleaded with the nurses to get someone in who could find out what happened to my daughter who had just come in for an outpatient procedure to fix her broken nose, but was now a quadriplegic, the head nurse rolled her eyes, but then said she would have to wake people up to look at my daughter and did I want that to happen? (It was about 2 or 3 in the morning.) You can imagine what I said in response. Specialists were called in to run various "zebra" tests to try to uncover what had happened to her, but they could not figure it out. Time was ticking. Luckily, after a few days, a nurse came in

and noticed that my daughter had a latex IV in her arm, and was being given medication stored in vials with latex stoppers, and was being given that medication with a syringe with a latex stopper. Had that nurse not discovered what was making my daughter a quadriplegic, then the next steps for her body were for her organs to start to shut down, and her heart to stop. My daughter would have DIED! Why? Because she had a latex IV, medicine delivered through a syringe with a latex stopper, and medicine drawn from vials with latex lids, *and* she was given morphine, which is like pouring gasoline on a fire. Morphine intensified her allergic reaction. Once we knew that's what it was, everything was removed, and my 22 year old dancer daughter, formerly a "normal" young woman went home *with a walker*. Luckily, over time, she regained her bodily functions, but she has had lingering problems ever since.

Because the medical profession is not latex-safe, my daughter's life has been changed *forever*, and so has ours. Latex allergies are *progressive*. This means that they only get *worse*, never better. Her next reaction came after shaking the hand of a woman who had been blowing up latex balloons previously. That encounter nearly killed Jillian, and put her in the hospital for several days. The next encounter was walking unexpectedly under a latex balloon in a food market. That encounter put her in the hospital for a week.

Jillian's life is changed forever. Her life was a normal life prior to what it became after having been injected with latex 24-7. So now she really does have what many others have, and that is a severe latex allergy. But what does that mean on a daily basis? That means that she cannot go anywhere that latex balloons are or have been within the previous 24 hours. She cannot buy *any food* unless calling the food company to find out whether the food is handled with latex in any way during it's production, and especially in terms of it's packaging. She cannot eat at a restaurant without calling first to find out if it's latex safe. She has had to *throw away* a lot of her clothing, especially underwear and socks and anything with elastics because now they threaten her life. Luckily she is not yet responding to coagulated rubber, so shoes are not yet a problem. But she had found that NIKE's products are safe, and so she can buy socks from them, and their shoes. She has found that Marks and Spencer in England produce latex-safe clothing, and now buys most of her clothing from them. She has had to throw out most of her clothing – including the work-appropriate wardrobe that we (her parents) purchased for her after her college graduation. Her boyfriend is also doing the same thing – anything with latex is thrown out – kitchen items, mouse pads, anything. Her workplace has had to become latex safe in terms of any "rubber bands", no balloon use (even at events – and this is a university we are talking about), padding on chairs, and so forth. At home, we have to throw away everything that is not latex safe because we do not want her coming home and having a reaction. We also still take her on vacations with us, which now means making sure that hotels are latex safe, or renting homes where we can control the environment a little more, or bringing a bed and bedding for her with us. We don't know if local establishments are latex safe – even when we ask, we can't be sure that what they are telling us is true. We like to vacation on a

local island. However, our daughter might eat a burger prepared with latex gloves and have a reaction, and the only way to get her to a hospital is to heli-vac her off of the island! And, locally here, there is *one latex safe hospital* – Long Beach Memorial. She lives nearly an hour away from there. She cannot call an ambulance, or have first responders take care of her, because she cannot be sure they are latex safe. We told her to go in a cab if ever she has an emergent situation and cannot drive, and cannot call 9-1-1 for fear that they could kill her by trying to save her life with latex products (gloves, stethoscope, tracheotomy, or intubation tube, etc.).

She cannot even go to a public event without exploring the *possibility* of harmful latex substances being used there. For example, she had purchased tickets to go to a *Katy Perry* concert. She was crazy about Katy Perry. She was ready for the concert by purchasing Katy Perry jewelry, and getting a costume ready for the show. Then, while following Katy Perry online, she found out that there were *surprise balloon drops!!!!* at some of the shows. She had to find out whether that “*surprise*” was planned for the one show *she* was going to attend. Even though starting her checking a month in advance, she was only notified on the Friday before the Tuesday of the show that, yes indeed, a *balloon drop was scheduled*. She and I pleaded with the coordinator of the show at the site to just do that balloon drop at a different show – not that one, or give my daughter tickets to a local show where there would be no balloon drop – but no dice. Katy Perry people said *NO*. My daughter’s money was refunded, and she was crushed. She had been looking forward to this concert for months!! I begged the site coordinator to beg the Katy Perry people to at least send my daughter a signed poster. But, again, the cooperation was not there from Katy Perry’s people. I persisted in asking for the signed poster, but it just never happened. I asked how to get in touch with the Katy Perry people, that if they knew that balloons could kill people that they might not do *surprise* drops any more. What if my daughter had not checked beforehand? She could have died there. I did mention that having a fan die at the concert because of surprise balloon drops is probably not good for business – but none of my pleas made a difference. Anyway, the point here is that businesses, performers, and so on, can inadvertently kill their customers and fans by encasing themselves in latex materials and/or filling a space with balloons that they may think are innocuous (as I once did).

It is very expensive to live a life that is latex safe, and worse yet, it is isolating. There is fear associated with leaving one’s home.

I have to worry everyday that my daughter may die because of latex exposure by seemingly innocuous things like a cleaner at her workplace using latex gloves, or someone at a restaurant using latex gloves (even if only on the person before her, taking them off to presumably accommodate her), of her walking by a child with a latex balloon, or her being shot at with a latex rubber band by some child “for fun”.

Most of this worry for her life goes away with your bill *as long as you do not accept the recent ammendment*. I strongly urge you to pass it *without the recent*

amendment that enables health professionals to continue to use latex products. Using alternative products like nitrile or vinyl is more cost effective, and can save lives. We need policies and legislation to help us protect our American citizens who are already at deadly risk to latex exposure, and to prevent other Americans from acquiring this allergy. Passing the bill without the recent amendment can save thousands of lives in the long run. Those of us who face death by latex everyday are watching what you do there in Hawaii every time we wake up, and before we go to bed at night. We applaud everyone who has supported this bill so far (*without the recent amendment*), and we urge you and implore you to pass the bill *without the recent amendment*.

Thank you for taking the time to read this testimony.

Barbara LeMaster, Ph.D.

Mother of an adult daughter who just became a *severe latex sufferer* because of a hospital's mis-use of latex.

Committee on Judiciary

Rep. Karl Rhoads, Chair; Rep Joy A San Buenaventura, Vice Chair

Tuesday, January 26, 2026

Testimony on the Position that Latex is Unsafe

I am in support of Proposed Bill SB 911 SD2 HD1. However, I have concerns about the amendment HD2 that is proposed.

My name is Carolyn Mirek and I have a life threatening latex allergy. I have been disabled from my career as a registered dental hygienist since 2001 due to my exposures to latex. I never imagined that the latex gloves that I would wear for protection while treating patients could cause life threatening anaphylaxis. In 2006 I fought to prove my disability in a six day jury trial. In January 2012 a federal appeal court found that latex allergy meets the ADA definition of a disability.

I am part of the up to 8.3% of the general public who struggle to be safe every day. I need to make sure my health care providers don't use latex. If I eat outside the home, I worry if my food is safe. Latex has proven to transfer and stay on food and surfaces for more than 24 hours. Latex is aerosolized into heating and air conditioning systems contaminating carpet, upholstery and everything else in a room. Just a small amount of latex protein can cause an allergic reaction or life threatening anaphylactic shock. Symptoms may range from skin redness, hives, itching, swollen eyes, light headedness, confusion, and asthma to vomiting and diarrhea, airway closure, and in rare instances- death. For a latex sensitive or allergic individual, reactions can be unpredictable. With each exposure to latex toxins reactions may get progressively worse. Symptoms may be evident within a few minutes or take up to a couple days. This allergy may also culminate in latex fruit syndrome where an increasing number of plant sources, such as avocado, kiwi, banana, chestnut, peach, tomato, potato, bell pepper, and others cause allergic reactions in latex allergic individuals. In addition, there are thousands of common items containing latex that must be avoided. Many people may not be aware they have this allergy since it is challenging to diagnose and rarely tested for. However, it is so common and severe that it is a question on standard medical histories.

As recently as July 2014 I had my most severe reaction and **I thought I was going to die!** I was given emergency treatment at the scene, put on oxygen, and immediately transported by ambulance to the hospital. Fortunately, the ambulances and hospitals in my area are latex safe. I understand this is not the case in Hawaii. This makes me worry to travel there.

I am an expert in latex allergy. Last week I gave a 2 CE course on Latex Allergy and more than one third of the attendees were either sensitive or allergic to latex! There is an increase in infants and children with latex allergy and it is totally preventable!

In November the Connecticut Dental Hygienists' Association passed a resolution that "supports public awareness by requiring labeling of products and their packaging that have potential

adverse effects on oral health and removing g products containing potential allergens, including latex, from healthcare and food establishments.” The Hawaii Dental Hygienists’ Association has a similar Resolution passed in 2015.

I testified in Connecticut in support of HB 5437 AN ACT PROHIBITING THE USE OF LATEX GLOVES IN FOOD BUSINESSES in January 2015. This bill was signed by Governor Malloy on June 30th. Rhode Island, Oregon, and Arizona already have laws in place. There is NO reason to use latex in food service when less expensive alternatives such as vinyl or nitrile are available. The Connecticut Department of Public Health and the National Institute for Occupational Safety and Health (NIOSH) recommend that latex gloves NOT be used in food establishments. Latex gloves may cause severe allergic reactions in certain sensitized individuals. As stated in 105 CMR 590.004(E), **single-use natural rubber latex gloves are *not recommended* in food establishments.**

If latex is not safe for food businesses, why would it be used in a health care setting? I know people who travel long distances for a safe place to go for health care and dentistry.

Since the Connecticut law was passed, my own daughter was diagnosed with latex allergy. Please and save lives, protect careers, and save the costs of disability claims, workers compensation claims and consider banning latex . If common sense does not prevail- we need legislation. Being a safe, allergy friendly state will certainly keep residents and tourists healthier and save money.

Sincerely,

Carolyn Mirek

Carolyn Mirek, RDH
Deputy Mayor of South Windsor, CT
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http://www.sustainablehospitals.org/HTMLSrc/IP_latexallergy.html

The American Academy of Allergy, Asthma and Immunology says, "The capacity of latex products - especially gloves - to cause allergic reactions varies enormously by brand and by production lot." The term "Low protein" is subjective and unreliable.

<http://www.aaaai.org/conditions-and-treatments/Library/At-a-Glance/Latex-Allergy.aspx>

The American College of Allergy, Asthma and Immunology states, "... yes, a person allergic to latex could definitely have an allergic reaction to food handled with latex gloves. Therefore, it would be best if no latex products were used to prepare food in this situation."

<http://acaai.org/resources/connect/ask-allergist/does-use-latex-gloves-food-preparation-pose-danger>

The American College of Allergy, Asthma and Immunology (ACAAI) and the American Academy of Allergy Asthma and Immunology (AAAAI) issued a joint statement discouraging the routine use of NRL gloves by food handlers. (1997) .

FOLLOW THE MANDATES OF THE FDA, CDC, AND NIOSH AND USE NON LATEX GLOVES!
The link and notes below are from the FDA Food Code.

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm189211.htm>

3-304.15 Gloves, Use Limitation.

Refer to the public health reason for § 3-304.11.

Gloves used in touching ready-to-eat food are defined as a "utensil" and must meet the applicable requirements related to utensil construction, good repair, cleaning, and storage.

<http://www.ncbi.nlm.nih.gov/pubmed/12440950>

<http://latexallergyresources.org/latex-free-products>

SB 911
Testimony to the Hawaii Judiciary Committee

January 25, 2016

Today you are presented with an incredible opportunity to take the lead in preventing a life-threatening, severe disease: latex allergy.

Latex allergy IS preventable. Latex allergy has NO CURE. To prevent latex allergy, we simply need to *stop exposing people to natural rubber latex*, particularly in medical, dental and food service environments. There is no treatment except to *stop exposing people to natural rubber latex*. It is possible to eliminate latex: large teaching hospitals such as Johns Hopkins and small community hospitals such as Maui Memorial provide latex-safe environments. California requires county ambulance services to use non-latex gloves. Major chains such as Applebees and Chilis as well as small local eateries use latex-free gloves and utensils in food preparation. It can and is being done here and there across the USA both safely and cost-effectively, but not consistently and not in Hawaii.

I developed allergy to latex through exposure from wearing latex gloves as a hospital pharmacist as well as through medical and dental procedures (gloves, dental dams, catheters during surgery, and so forth). I had mild symptoms from the early-1980s, but latex was emerging as major allergen at the time. My reactions worsened slightly in the early 90s, but neither doctors nor dentists could explain rashes on my body or the weird blisters in my mouth. These were symptoms of latex allergy ... but I was not diagnosed.

My allergy progressed to anaphylaxis from two bites of a meal prepared with latex gloves. A couple months after my second C-section (more latex exposure) in 2002, I purchased take-out meals for my older son and me at a restaurant and brought the food home. Home with a 4-year old watching TV and a newborn napping while my husband traveling for work, I ate two quick bites of chicken, ran upstairs with an arm-full of laundry, and went into anaphylaxis by the time I was halfway up the stairs. I ran to the bathroom to vomit and remember looking in the mirror to see my entire body covered in hives right before I fell to the floor semi-conscious in shock. I remember trying to crawl to the phone for help, but only made it a couple feet before I could not move further. I have no idea how long I lay there, but by the grace of God, I survived and went to my physician the next day. Even though I knew this was an allergic reaction, my primary care physician was not convinced and did not send me to an allergist or make a diagnosis. Two months later, I had a similar reaction to restaurant food and barely survived. I later confirmed that both had touched my meals with natural rubber latex gloves.

Many people do not know they have latex allergy until it becomes severe. I had it for almost two decades before I obtained a diagnosis when it reached the severity of anaphylaxis.

With over 100 different latex proteins in the rubber tree, it is a common story for a person to not test positive for latex allergy yet truly be allergic. But because a blood test is negative, many physicians will not diagnose latex allergy because they do not understand the complexities of diagnosing a latex allergy. Clinical history is the critical diagnostic tool and may or may not be supported with a blood or skin test. Health care professionals get little or no training on latex allergy in medical, pharmacy and nursing school.

In the 2012 article, "Latex allergy: assessment of knowledge, appropriate use of gloves and prevention practice among hospital healthcare workers," which appeared in *Clinical and Experimental Dermatology*, only 25% of health care workers routinely checked for latex allergy when treating patients. Additionally, 84% of health care workers stated that they would benefit from education about latex allergy. This lack of knowledge puts patients like me into jeopardy every time I need medical or dental care.

Here is the thing about latex allergy that is scary: Latex allergy is progressive – potentially to the point of 100% disability which can lead to Worker's Comp settlements or government-funded disability payments. Jumping from mild 'just a rash' to full anaphylaxis with a single exposure is relatively common. There is no cure; we must just avoid exposure to latex. Latex allergy is the number two cause of anaphylaxis in the operating room – a preventable reaction by simply removing the latex!

A tragic example of the complexity and severity of latex allergy comes from a Mississippi hospital responsible for the death of a 29-year old woman. The patient informed the hospital nursing staff prior to a gynecological surgery that she had a chestnut allergy. Chestnut is a very common cross-reactive food to latex – a food that contains proteins similar to natural rubber latex. Any patient with a 'cross' food allergy (eg, chestnut, avocado, banana, papaya, tomato, citrus) needs to be treated as if they have latex allergy. This patient was exposed to latex during surgery, had a severe allergic reaction and ultimately died. The hospital was found negligent and paid \$4.7 million as a result.

I have struggled to find latex-safe dental and medical care. I react to airborne particles and cannot be treated in a facility that provides 'latex-free' gloves as an option. We travel to states with latex bans on food service and communities that have latex-safe hospitals.

Please support SB 911 in a manner that eliminates natural rubber latex from health facilities, dentist offices, ambulances, and food service.

Thank you for your leadership.

Sincerely,
Cynthia Hesse, RPh, FCSHP

NOTE: *I noticed an issue with the online forum for this bill. For some people, only the old bill shows up – it does not include the amendment with regards to the usage of latex gloves in the medical industry. (I tried on several different devices and with different browsers, but I could only see the original bill. A friend was able to email me the amended bill.) I hope that you can keep this in mind when reviewing testimony for this bill. Thank you.*

Dear Distinguished Members of the Judiciary Committee,

I am writing this letter in SUPPORT of SB911 relating to latex allergies. I would like to be very clear; I SUPPORT this bill, but I do NOT fully support the amendment to this bill. My name is Jillian LeMaster-Dwyer, I am 24 years old, I am allergic to latex, and my worst fear is being knocked unconscious in a car accident.

I am not afraid of the car accident itself; I am afraid that if I am unconscious, then I will not be able to tell the paramedics to *get away from me*. A few months ago, my fear almost became reality - I was in a bad car accident on the freeway. (However, I was thankfully conscious throughout the entire ordeal.) The first thing I remember doing after the collision was calling 911 and screaming at the operator to "tell the emergency responders about my allergy - tell them not to come with latex gloves on!" The operator did NOT listen. Thankfully, the firefighters who pulled me out of the car were wearing nitrile gloves. I told one of the firefighters that I was allergic to latex and that I was worried that if any other responders came with latex gloves on, that I could have an airborne reaction. He laughed and said, "nobody wears latex gloves anymore - everyone is allergic to them!" Right as he said that, the paramedics pulled up. They jumped out of their rig and began slapping on their *latex* gloves. The firefighter (who was quite surprised by this) then pulled me down the freeway - away from the paramedics and towards the oncoming traffic. I was unable to receive any medical care that night because of the paramedics' use of latex gloves. Not only that, but my life was put in danger because of their glove usage. Due to the actions of that firefighter and his knowledge about this allergy, I did not have a life-threatening reaction that night. However, the fear is still there - this could happen again and maybe next time I won't be so lucky.

I am not alone in this in this fear. Latex allergies have been called a 'silent epidemic' and researchers believe that around 6% of the general population is now allergic to latex [14]. Comparatively, less than 1% of the population was allergic to latex back in the 1990's [10]. Latex gloves began being used around 1987 because of the AIDS crisis. They were initially used for their barrier protection qualities; however, nobody realized that there could be a negative consequence lurking around the corner. Please note that latex-free alternative gloves now have comparable barrier protection – Nitrile gloves were the recommended glove type to use when dealing with Ebola (as stated by the CDC).

As you continue to read my letter, please keep this in mind:

this allergy is 100% preventable, but 0% curable.

Those who have repeated exposure to Natural Rubber Latex (NRL), generally through their occupation, are at an increased risk for developing a latex allergy. Certain groups are at a "higher risk of developing an NRL allergy [including] children with Spina Bifida, health care workers and individuals with a history of multiple surgeries. In addition, high risks [have also been] described for non-health-care workers with exposure to latex, including hairdressers, cleaners and food service workers, as well as workers in rubber industrial companies or subjects with food allergy and atopy" [12].

An allergic reaction to latex can have a wide range of symptoms: a rash, anaphylaxis, anaphylactic shock, and even death. This allergy can be devastating; those who are severely allergic can become housebound in an attempt to keep themselves safe. The more exposure that you have to latex, the more likely you are to become allergic.

One of the worst attributes of latex gloves is their ability to transfer allergenic proteins. Latex proteins can transfer from a glove onto any surface [3]. This means that any medical facility or food service facility that uses latex gloves puts a latex-allergic individual at risk for an allergic reaction [5]. Please keep in mind that allergic reactions to latex can also be airborne. This can cause allergic reactions especially in cases where a doctor or dentist might be treating multiple patients and switching off between latex and latex-free gloves. This is one of the reasons why some states have begun to ban the use of

latex gloves in food service. In 2003 the FDA even admitted that there was a potential threat to latex allergic people if they ate food that had been prepared with latex gloves.

So, not only are the people who wear latex gloves at an increased risk for developing a latex allergy, but these individuals may be unknowingly exposing unwitting participants to latex allergen proteins. I want to stress the reasons behind this bill: **1) to make sure that people with a latex allergy are able to receive safe medical treatment and food service and 2) to STOP the progression and further development of this allergy throughout our society.** Remember, the more exposure, the more likely you are to develop this allergy. Once a person becomes allergic to latex, there is no going back.

Please remember:

this allergy is 100% preventable, but 0% curable.

Many doctors believe that using latex-free gloves only for patients with a latex allergy will completely eliminate the chance of a latex reaction for that individual. This is not the case. Latex particles can be airborne and there is always the concern of cross-contamination or transference. Also, a recent study concluded that “only 1% of healthcare workers were able to correctly match the appropriate gloves to the specifically designed [latex-allergy-related] procedure.” This study also found that only 47% of medical professionals could identify an immediate allergic reaction to latex and that only 10% of medical professionals could identify contact dermatitis due to a latex reaction [2]. This clearly shows that there should not be a choice – these statistics are astounding and too shocking to be ignored.

This is why many hospitals strive to be latex-safe facilities (like Long Beach and Orange Coast Memorial in California, Johns Hopkins Medical Center, Maui Memorial in Hawaii, and many, many more). Even Johns Hopkins University, the birthplace of latex gloves, has now banned their usage. John’s Hopkins has gone beyond just banning latex gloves – they are now leading the way in latex-safe policies and procedures [14].

I want to clear up one more issue: Some people say, “If we ban latex, then we will need to ban peanuts and penicillin too.” Well, no, that is not necessarily the case. Peanuts, in general, do not serve as a complication for patients in a medical setting. Peanuts are

not made into gloves and used to touch EVERY medical device, doorknob, and bed sheet in a hospital or other medical facility. Paramedics are not running at patients with a peanut butter and jelly sandwich in hand. If this were the case, then I would agree – we should, at that point, ban the use of peanuts in a medical setting. Let me put it this way, do you think, hypothetically of course, that it would be a good idea to make a medical glove using peanut oil? Current records indicate that only 4% of the general population is allergic to peanuts, so how much harm could that possibly do? Well, it would do a lot of harm. That is precisely why many K-12 schools are banning peanut products.

I should also mention that there are numerous practices in place and resources available for restaurants to ensure that peanut-allergic individuals are able to eat out safely. This will never be possible for a latex allergic person as long as the facility is using latex gloves – for all of the reasons mentioned in this testimony.

Now, let's discuss penicillin...my best friend is allergic to penicillin. Is she deathly afraid of going into a hospital or of getting into a car accident? No. Why? Because, all she has to do is wear a medical alert bracelet that states that she is allergic to penicillin. It doesn't harm her to be in a rig or a doctor's office where penicillin is being used as long as it is not being used on her. This is vastly different than the issues that we face with latex. For instance, there is the issue of transference of latex proteins (not an issue for penicillin) and what good does my medical alert bracelet do if it is being checked by someone who is already wearing latex gloves?

For your reference, here are some current statistics for people with latex allergies:

- Up to 6% of the general population is allergic to latex [14]
- 67% of patients with Spina Bifida are allergic to latex [9]
- 17 - 30% of health care workers are allergic to latex [11] & [6]
- 17.1% of food service workers are allergic to latex [15]
- 33.8% of dental care workers are allergic to latex (there may be a more up-to-date statistic as this was done back in 2011) [7]
- 11% of elderly population are allergic to latex [8]
- 10% of rubber industry workers are allergic to latex [13]

- 12.5% of anesthesiologists showed latex sensitization. Of these, 10.1% were asymptomatic, but allergic. The study concludes that, "**Hospital employees may be sensitized to latex even in the absence of perceived latex allergy symptoms.**" [4]
- 10 deaths each year are reported as being due to severe allergic reactions to latex [1]

To put the general population (6%) statistic into real numbers, we are talking about nearly 19 million people in the USA, 85,200 people in Hawaii, and approximately 496,960 yearly Hawaii bound tourists having a latex allergy (tourism numbers were used from 2014 data).

Please remember, this allergy is **100% preventable, but 0% curable.**

It may already be too late to prevent the 85,200 Hawaiians who may be allergic to latex. Please help us assist those who already have this allergy and stop this epidemic from getting worse.

Rhode Island, Arizona, Oregon, and Connecticut already have laws or regulations to ban the use latex gloves in food service. Latex allergy legislation has also been put forth in New Hampshire (for food service) and Massachusetts (for food service). My hope is that Hawaii can lead the way in latex allergy legislation and protect its' people and tourists from this true pathogen.

On behalf of individuals with a latex allergy, their families, friends, and those who will develop the allergy if we do not act now, I kindly ask for your support in these efforts and your support for this bill.

Warmest regards,

Jillian LeMaster-Dwyer

American Latex Allergy Association, Member

Latex Allergy Advocacy, Board Member and Co-Founder

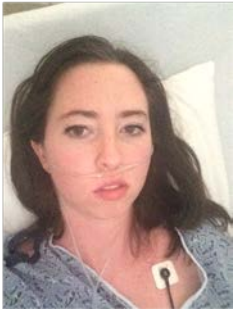
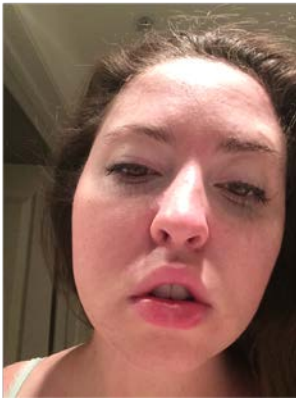
"We are working to create awareness and educate the public about the latex allergy. Our

primary goal is to educate and advocate for changes that will prevent others from developing this life-altering allergy.”

Before:



After:



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Hawaii House Committee on Judiciary
Rep. Karl Rhoads, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Testimony of Anna M. Salanti on SB 911, SD2, HD2

Thank you Chairman Rhoads and Vice Chair San Buenaventura for allowing me to submit testimony on S.B. NO. 911, S.D. 2, H.D. 2, PROPOSED.

The proposed legislation in its current form is a significant change from last year's, S.B. NO. 911, S.D. 2, H.D. 1, that had hearings in both houses and passed without virtually no opposition let alone negative votes. There are two improvements in the current legislation: the July 2016 implementation date and the \$250 fine. Unfortunately, amendment 321 raises some concerns. From a medical perspective, the changes in all but the food service section not only will put patients and health care workers at greater risk, they contradict current standards of medical care and medical knowledge of latex residue on surfaces and airborne latex particles. Latex gloves are different than any other glove in that they leave a toxic fingerprint that remains for hours.

Switching between latex and nonlatex gloves will not help latex allergic individuals; it will put them at risk. When a dental or health care facility chooses to use latex gloves it is in effect denying me and 19,000,000 million others safe health care. This violates not only the Hippocratic Oath but also a guiding principle of medicine: "first, do no harm."

Latex allergy is a serious problem for many individuals, at 6% of the population that places US at 19,285,321 million people (United States Census Bureau, 2016), not 3,000,000 million referenced in the proposed legislation. According to Grzybowski, 2002, up to 8.2%, or 26,356,605, of the general population is affected. I am one those affected.

I have struggled with the difficulties of living with a latex allergy since 1974 when I first developed contact dermatitis, type IV (delayed) hypersensitivity, from wearing latex gloves while working in a research burn center. By 1993, the allergy progressed to type I (immediate) hypersensitivity, anaphylactic response. When I come into contact with even a very small amount of latex protein, within 20 minutes I will develop facial swelling, itchy, watery eyes, throat swelling, wheezing and difficulty breathing that requires the self-administration of epinephrine and follow-up emergency care.

Warnings about the dangers of latex in the workplace have been available to us for

NINETEEN years: on July 23, 1997 (NIOSH, 1970) was when the United States Health Department through the Centers of Disease Control and the NIOSH Alert on work related latex allergy was published. The publication states that latex allergy results from repeated exposures to natural rubber latex proteins from inhalation and/or skin contact.

By the mid 1980's, latex was recognized as a major occupational hazard for health care workers and patients (Holter, G., et. al, 2002). This was **THIRTY** years ago. **TWENTY** years ago in 1996 The American College of Allergy, Asthma, and Immunology recommended the complete avoidance of latex materials in medical institutions (Sussman & Gold, 1996).

During the past 10-15 years, the incidence of latex allergies has risen dramatically (Neugut, Ghatak, and Miller, 2001). This continued sensitization to latex has resulted in the following well documented statistics. The percentages in these subgroups can be as high as:

- 67% in patients with spina bifida (Kurup, Reijula, & Fink, 1994)
- 17% of health care workers (Phillips, Goodrich, & Sullivan, 1999)
- 33.8% of dental care workers (Gholizadeh, 2011)
- 10% of food service workers (Ameratung, et. al, 2008)
- 8.2% of the general population (26 million US citizens) (Grzybowski, 2002, US Census Bureau)
- 6.5% of patients who have undergone multiple surgeries (Sussman & Gold, 1996)
- 11% of elderly population (Grieco, et. al, 2014)
- 10% of rubber industry workers (Pien, 2010)
- 10 deaths each year are due to severe reactions to latex allergy (Asthma, 2001)

How many more people have become sensitized to latex in the past 19 years since the United States Department of Health issued its latex warnings? Too many individuals are now suffering a lifetime sentence of latex allergy that is due to the lack of oversight by the very agencies that are in place to protect human life by not banning latex gloves in health care settings and food service. It has been reported that the statistic for health care workers has increased to 25% (The Academy of General Dentistry, 2009). This is an 8% increase in the span of ten years from the 17% reported by Phillips, Goodrich, & Sullivan in 1999. The time has come for us to be responsible and ban latex gloves in these settings.

Latex allergy is an incurable, progressive disease. With each exposure to natural rubber latex the sensitivity and progression of the disease worsens. Starting as a localized rash, it develops into sensitivity so severe that a particle small enough to attach to a speck of dust can cause a life threatening anaphylaxis if inhaled from airborne latex during a health care exam, surgical procedure, or ingested in contaminated food. One study concludes that as little as **a billionth of a gram** (1ng/ml) can be enough to cause a reaction (Society of Chemical Industry, 2006). **Latex allergy is a preventable 100% of the time with a 0% cure rate all of the time.**

When you acquire the allergy it is for a lifetime and changes how you live your life. Some examples of latex exposures and how it has affected my life include:

- My first anaphylactic reaction occurred as a consequence of eating food that had been handled with latex gloves at a restaurant. After self-injecting epinephrine, 911 was called for transport to the emergency room of the local hospital. However, when the ambulance arrived, the attendants determined that it would not be safe for me to ride in the ambulance due to latex use. Consequently, I took a cab to the emergency room.
- My allergy impacts my ability to obtain health care services. I obtain only the absolutely minimum necessary care and limit medical procedures and appointments.
- I have had to travel a long distance to receive latex-safe dental care. If oral surgery was required, I had to seek out a surgeon who does not use latex products or gloves in his/her office.
- Both my allergist and my primary care physician have met me in their respective parking lots for medical appointments. Although they do not use latex gloves, other practitioners in their medical buildings do. The latex particles are distributed via the heating/ventilation system resulting in a latex allergic reaction for me.
- I experienced six exposures to airborne latex in my workplace, after each of which I experienced an anaphylactic reaction. With each exposure my sensitivity increased, and I was forced to resign from a nursing career which I loved.

Latex allergy is a serious health hazard and has been very well documented in the health care industry. In the literature, there are well-documented cases of food service handlers becoming sensitized to latex gloves as well as latex allergic consumers having life threatening reactions from eating foods contaminated with latex proteins by food handlers using latex gloves. Low protein, non-powdered latex

gloves are not a solution but a contributing factor to increased latex sensitization.

The proposal to ban the use of latex gloves in food establishments is correct. Amendment S321 is not in alignment with current standards of care. To knowingly expose a patient to a known allergen is contradictory to current body of scientific evidence and standards of care.

Even the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO) contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases, identifies the toxic effects of latex.

Latex proteins transfer to surfaces through direct contact or through the air and will stay present for up to 24 hours (Holter, G., et al, 2000). Consequently, if I am conscious and able to communicate that I have a life threatening latex allergy, that will not help me if all that is available is a latex contaminated environment—even if nonlatex gloves are available,. I will have anaphylactic reaction. Whatever my physical problem it will be compounded by the healthcare environment: on surfaces, people's clothes, and in the air. I have experienced this happening to me first hand in a dental office, in a hospital environment, and with an ambulance transfer. This is the key reason that this current version of the proposed legislation is so much inferior to its predecessor.

The cost of latex allergy is high as the numbers of affected are increasing. Costs of immediate emergency care, long-term chronic care, medical visits, medication, loss of earnings, employee absenteeism, loss of well trained and valuable employees, worker's compensation payments, Social Security Disability payments, liability suits, and legal fees are but a few examples. Additionally, businesses would save money by using cost-effective and viable alternatives to latex gloves.

Due to the changes in pricing of latex gloves and their alternatives, hospitals, medical and dental offices, and food service establishments would obtain a cost savings by switching to non-latex alternatives. Today the cost of latex gloves is greater than vinyl and nitrile gloves. See attached comparison sheet for retail pricing for a box of 100 powder-free gloves for each type of glove. Wholesale pricing would be even less.

It has been at least 30 years that latex has been recognized as a major occupational health hazard for health care workers and patients. Throughout the United States and Europe numerous hospitals, dental, and health care facilities have banned not

just latex gloves but all latex materials. Why are we still discussing this issue? It is incomprehensible that health care providers use materials that are well known to cause an incurable disease when there are alternatives available.

It is a shame that so many health care professionals, agencies responsible for public health and protection, and owners of facilities who deal daily with the public have not played a leadership role on this issue. But this is one of the many advantages in our form of government where states can play a key leadership role. In the case of latex glove use, I advocate for you to do the right thing and not only prohibit the use of latex gloves in food service but also in dental offices, health care facilities and emergency medical services.





Respectfully submitted,

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Cost comparisons of Latex and Nitrile Medical Grade Gloves

<http://www.glovenation.com/latex-gloves/index.htm>

Latex Gloves	Vinyl Gloves	Nitrile Gloves	Cost Comparison
 <p>Latex Exam Gloves, LP Ultra-flex Latex Glove Lightly Powdered, 5.0 mils Item #100 \$5.29/box</p>	 <p>Vinyl Exam, LP Vinyl Medical Exam Lightly Powdered, 4.5 mils Item #400 \$3.69/box</p>		<p>Nitrile is \$1.69 less per box</p>
 <p>Latex Exam Gloves, PF Ultra-flex Latex Glove Powder Free, 5.0 mils Item #300 \$5.99/box</p>	 <p>Stretch Exam, PF Chameleon Stretch Exam Powder Free, 5.1 mils Item #1200 \$4.19/box</p>		<p>Nitrile is \$1.80 less per box</p>

 <p>High Risk Exam Gloves High Risk Latex Glove Powder Free, 13.0 mils Item #800 \$9.99/box</p>		 <p>High Risk Exam Gloves, PF Protector XR Nitrile Glove Powder Free, 8.0 mils Item #900 \$7.99/box</p>	<p>Nitrile is \$2.00 less per box</p> <p>CDC recommends that nitrile not latex be glove of choice to treat Ebola.</p>
 <p>Black Latex Exam Gloves NINJA Black Latex Glove Powder Free, 5.0 mils Item #200 \$7.99</p>		 <p>Nitrile Exam Gloves, PF Black Widow Nitrile Glove Powder Free, 5.0 mils Item #1400 \$6.99</p>	<p>Nitrile is \$1.00 less per box less expensive</p>

Cost comparisons of Food Service Gloves

<http://www.glovenation.com/food-service-gloves/index.htm>

Type of Glove	Visual	Properties	Cost per Glove Type
Latex Food Prep Gloves		<ul style="list-style-type: none"> • 100 Gloves per Box, 10 Boxes per Case • Thickness: 4.5 mils • Low Protein • 100% Powder Free • USDA approved for food handling • Item #699 	\$5.69 per Box

Nitrile Food Prep Gloves		<ul style="list-style-type: none"> • 100 Gloves per Box, 10 Boxes per Case • Thickness: 4.5 mils • 100% Powder Free • 100% Latex Free • Textured for confident gripping • Chemical Resistant • Item #2099 	\$5.49 per Box
Vinyl Food Prep Gloves		<ul style="list-style-type: none"> • 100 Gloves per Box, 10 Boxes per Case • Thickness: 4.5 mils • Advanced polyvinyl chloride formulation • 100% Powder Free • 100% Latex Free • Item #899 	\$3.69 per Box
Synthetic Food Prep gloves		<ul style="list-style-type: none"> • 100 Gloves per Box, 10 Boxes per Case • Thickness: 4.5 mils • Looks and feels just like latex • 100% Powder Free • 100% Latex Free • Item #3199 	\$3.89 per Box
Poly Food Service Gloves		<ul style="list-style-type: none"> • 500 Gloves per Box, 4 Boxes per Case • Thickness: 0.2 mils • Powder Free • 100% Latex Free • Item #1499 	\$0.76 per 100 gloves

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25 January 2016 – **critical** amendment to original testimony for SB911 SD2 HD2

Esteemed Members of the Hawaii Legislature,

This urgent amendment to my original testimony is motivated by a recent **ill-advised proposed addition** (associated with Section 2, Chapter 321) to the upcoming SB911 legislation banning latex products in health care and food services venues – this suggested modification directs that latex gloves, etc., actually **be employed!!** when prospective patients are conscious (and of sound mind? this is not specified), and when they indicate acceptance of latex-product exposures in the course of their impending medical treatments. Leaving aside the issue of whether it can be legally assumed that all patients will always be adequately aware of the possible emergent nature of their latex allergy -reaction status (e.g., moving from skin irritation to more serious evolving allergic responses such as full-on anaphylaxis), this supposedly well-intentioned suggestion would actually *INCREASE* the overall danger for latex allergy sufferers by virtually **guaranteeing** the continued, purposeful, ***routine presence of latex*** [e.g., by thereby standardly requiring the stocking of latex materials in ambulances, by health care workers' repeated donning and removal of latex gloves] and consequent **ubiquitous treatment-area exposure** to ALL latex-sensitive patients, regardless of their supposed protections under this legislation. In short, this proposed modification abrogates the directed legislative commitment of SB911; **this modification MUST be retracted** in order to ensure that the measure's original language and terms successfully enable the intended effectiveness of this life-saving safety measure.

Respectfully,

John Dwyer, Ph.D.

Original testimony

Esteemed Members of the Hawaii Legislature,

My 23 year old daughter, Jillian LeMaster-Dwyer, a recently graduated University of California Irvine Mathematics major, is a vibrant, highly intelligent, articulate, and engaging young woman whom I am sure any one of you would be proud to have working at your side on the many thorny but important state-level issues you address every day for your beautiful state of Hawaii. I hope you get to meet her in person one day so you too can get to enjoy her wit, passion, and tenacity first hand.

She is also a person who lives with a little known, yet surprisingly prevalent, serious condition – she is one of the millions of Americans with an allergy to latex – an allergy that threatens her and those like her every day. In her case, that threat is as severe as it gets: when she is exposed to latex, she can die if she does not receive emergency medical procedures followed by significant (currently 3-6 day) hospital treatments and monitoring. And this is to say nothing of the typically 2 to 3 month total recovery period she must endure for her body to regain a relatively robust equilibrium ... until the next exposure when this terrifying cycle recurs.

And at every step in these well-intentioned medical interventions, supposedly life saving treatments are fraught with ironic danger –EMTs, doctors, nurses, and hospital staff (working in ERs, recovery areas, and hospital rooms) standardly wear latex gloves, administer medicines from vials sealed with latex caps, serve patients while wearing masks with latex elastics, and use syringes with latex plungers and IV tubes also made of latex. Medical charts are sometimes held closed with (latex) rubber bands, and patient treatment updates are even entered using (latex eraser – equipped) pencils. Floors away from supposed direct patient contact, cafeteria workers routinely use latex gloves in food preparation and service. And well-meaning visitors are allowed to bring in balloons to their patient friends and relatives.

This scenario can be, and unfortunately frequently is, played out in almost every ambulance, hospital, and nursing home facility in California, and across the nation. Only the Long Beach Memorial and Stanford Medical Centers are designed by hospital policy and practice to protect against these potentially lethal in-situ re-exposures of patients – two hospitals in a state of some 30 million people.

We implore Hawaii to pass the legislation implementing these modest accommodations required to more adequately protect the thousands of people with Jillian's allergy, legislation that will make our ambulances, our hospitals, and restaurants significantly safer. We implore Hawaii to be the leader in showing our nation how to address this threat to our loved ones ... and to us all, really.

My wife and I thank you for this opportunity to offer this statement in support of this important bill.

John Dwyer, Ph.D.

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, January 26, 2016 7:33 AM
To: JUDtestimony
Cc: trish.malone@yahoo.com
Subject: Submitted testimony for SB911 on Jan 26, 2016 14:00PM

SB911

Submitted on: 1/26/2016

Testimony for JUD on Jan 26, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Trisha Malone	Individual	Support	No

Comments: I am writing to let you know that I support bill SB911 but I oppose the amendments. My 10 year old daughter and I both have a severe latex allergy. In our case if we are exposed to latex we experience anaphylaxis. Our throat closes and we can die. We have to be extremely careful about where we eat and where we travel to. Currently Hawaii is not a safe place for us to travel. There are currently no protections for us (or the millions of others with a latex allergy) which would allow us a safe place to eat without latex gloves touching our food. Were one of us to have an allergic reaction, or experience any other illness or injury, we would not be able to receive medical care as EMT and hospitals currently allow the use of latex gloves in treatment. By wearing those gloves, the medical professionals trying to help us could instead kill us. With the proposed amendments to the bill, the risk to myself and my daughter in an ambulance or hospital is not mitigated. I am very excited that Hawaii is considering this ban. I would love to be able to return to your beautiful state. I appreciate your efforts on this matter and your approving bill SB 911 without the amendments.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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LATE

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 25, 2016 11:37 PM
To: JUDtestimony
Cc: lea.tiare@gmail.com
Subject: Submitted testimony for SB911 on Jan 26, 2016 14:00PM

SB911

Submitted on: 1/25/2016

Testimony for JUD on Jan 26, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Lea Minton	Individual	Support	No

Comments: I urge you to support this bill and enact it sooner than July 2112. Latex allergy is a severe allergy for many persons, and unfortunately for people who have a known latex allergy they are often confronted with the issue of not being able to call 911 out of fear of being harmed further. Not all EMS services use non-latex gloves or equipment in their ambulance; this can escalate an emergency from mild or moderate to severe in a short time frame. I witnessed a friend have an allergic reaction while trying out mattresses at a department store, due to the latex fibers in the mattresses, unbeknownst to her. When 911 was called her reaction worsened upon their arrival as the gloves they were using were latex. People seeking services in dental offices and health facilities should not have to be concerned about a reaction occurring while they are seeking health treatments. Unfortunately I witnessed a case where the client's latex allergy was not clearly marked on their chart, and the provider did an internal exam with a latex glove causing a severe reaction that resulted in hospitalization for this patient. Unfortunately, as careful as health facilities try to be, things can be missed. Had the facility had a no-latex policy that would have removed the issue. Last, people allergic to latex should not have to be concerned if their food was prepared with latex gloves, and we would not want restaurant workers to be another specialty population with higher latex allergies due to increased contact. Thank you for supporting this bill.

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Fax to 1800535380

Testimony On SB 911 HD2 Latex Bill

I'm in support of prohibited use
of Latex Gloves, but would like to
see all Dentist, Doctors & Hospital ban
use of Latex gloves & Products that
are made from Latex.

LATE

Thank You
Annette Niles
808-2815111
(Maui)

LATE

JUDtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, January 26, 2016 6:43 PM
To: JUDtestimony
Cc: ogolimu@hawaii.rr.com
Subject: Submitted testimony for SB911 on Jan 26, 2016 14:00PM
Attachments: Testimony.odt

SB911

Submitted on: 1/26/2016

Testimony for JUD on Jan 26, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Lillian Fujitani	Individual	Comments Only	No

Comments: None

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SB911, HD1 Proposal

I urgently recommend that SB911, SD2, HDL be passed this day so that all =
medical patients, medical personnel and or food industry workers and =
customers and others that use latex gloves will not be used so that all =
patients and customers may be assured that they do not come in contact =
with latex which can cause an allergic reaction which may be deadly. =
More importantly once this is proposal is passed that strict enforcement =
of the policy be carried throughout the State of Hawaii.

A concerned citizen,

Lillian Fujitani=